



City of Boston

Physician Registration Form

I, the undersigned, herewith present Medical License # _____ for the records of the Office of the City Clerk. I intend to conduct the practice of medicine in the City of Boston.

My office or usual place of business _____
(Street Name)

(City) (State) (Zip Code)

The required fee of \$100.00 is herewith tendered.

Signature _____ Date _____

Print Name _____

▼ FOR ADMINISTRATIVE USE ONLY ▼

Boston, Massachusetts Date _____

In accordance with the provisions of Chapter 112, Section 8 of the Massachusetts General Laws, I hereby certify that Dr. _____

has this day exhibited certificate or certificate statement # _____ issued under the authority of the laws of the Commonwealth and the City of Boston.

The required fee of \$100.00 has been paid.

Signed _____ Clerk of the City of Boston.
Rosaria Salerno